

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

35032

1. PLACE OF DEATH

County.....

Registration District No. 7 D1

Township.....

Primary Registration District No. 1023

City.....

(No. 0000)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

File No.

Registered No. 9241

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

2

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 26 1878

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

55

0

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Huf

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Centerville, Ill.

FATHER

13. NAME

Frank Touchette

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Centerville, Ill.

MOTHER

15. MAIDEN NAME

Married Philabas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Centerville, Ill.

17. INFORMANT (ADDRESS)

Huf, 1023

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE Oct 26 1933

19. UNDERTAKER (ADDRESS)

John R. Ruddy, 1023

20. FILED

NOV 10 1933

19

J. B. B. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1933

22. I HEREBY CERTIFY, That I attended deceased from

9-1, 1933, to 10-25, 1933

I last saw her alive on 10-25, 1933. Death is said

to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset

59 78 B

Other contributory causes of importance:

Cyanure foot left

Name of operation Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. H. Ruddy, M. D.

(Address) City, Mo.

